2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# P04000162410

Entity Name: DAVID B. SIMMONS, M.D., P.A.

Current Principal Place of Business:

40124 HWY 27
STE 204
DAVENPORT, FL 33837

New Principal Place of Business:

320 FIRST STREET N
WINTER HAVEN, FL 33881

Current Mailing Address:

40124 HWY 27
STE 204
DAVENPORT, FL 33837

New Mailing Address:

320 FIRST STREET N
WINTER HAVEN, FL 33881

FEI Number: 20-1978854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, HAROLD E ESQ
1515 UNIVERSITY DRIVE STE 203
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMMONS, DAVID B M.D.
Address: 108 MIRROR LANE NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: SIMMONS, DAVID B M.D.
Address: 108 MIRROR LANE NW
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B SIMMONS MD 01/11/2008

Electronic Signature of Signing Officer or Director Date